

2012 Hospital inpatient Data Refresh Release Notes

Updated March 2016

# Opening Statement

In November 2015 the MHDO released the 2012 hospital inpatient data along with supporting release documentation. In December 2015 we updated our release documentation with clarifications/corrections. As of March 11, 2016 we have updated our 2012 hospital inpatient file. For all new data requests and for data users that want a copy of the 2012 refresh file these release notes and supporting documentation replace the previous documentation.

With this release the MHDO has revised its policy on the assignment of geocodes-detail are below. Also note that in order to comply with MHDO Rule Chapter 120 section 9(A)(2)(f) by default, this and future data releases will only include county to identify the patients’ home addresses unless the additional detail is requested and approved by the MHDO.

# Facility Specific Data Notes

Included with this release is an excel document that contains records counts by facility by month, with data gaps highlighted in yellow. 200006 - St Andrews is the only Hospital with missing data, accounting for less than less than 1% of all visits.

Note: Some facilities have volume fluctuations month to month that may be outside of the expected range. We do not have any additional information to explain that fluctuation at this time, but in our new hospital submission system coming online this summer (2016), we will have a data validation that will compare volume with previous submissions which will allow us to detect potential data issues and capture explanations from facilities about fluctuation at the point of data submissions or notify them to submit missing information. This level of information will be released to the user as part of the release documentation.

# Assignment of Geocodes

In the restricted data releases the MHDO has historically assigned a geocode which has been populated in the geocode field. The MHDO has modified the algorithm used to determine this geocode. The MHDO will now assign a geocode when the city, state, and ZIP match the entries that appear on the canonical list of geocode values. The MHDO will no longer impute geocodes based on incomplete or conflicting city, state, or zip information. In order to improve our ability to assign geocodes in we are currently working with those facilities that have not provided consistent city, state, and zip information.

We have included in this release a data table of Maine geocodes provided by the Maine Office of GIS (MEGIS); this is the canonical list used for the geocode assignment.

In this and future releases of our restricted data the MHDO will provide the data elements of county, city, state and zip code, along with the geocode only when they are specifically requested and approved by the MHDO.

# Drg Calculation

The DRG codes are assigned using the 3M Grouper software. The DRG versions DataBay used are as follows:

AP-DRG = 27.0

APR-DRG = 31.0

CMS-DRG = 24.0

MS-DRG= 31.0

# Issues with MHDO-Assigned Medical Record Numbers (MRN) across Time

The MHDO has been made aware of some variances in how the MHDO-Assigned Medical Record Number (MRN) has been created in previous years of data, specifically in how alpha characters are encoded. While the MHDO-Assigned Medical Record Number is generally consistent across time for the same individual within the same facility, there are some cases where the same underlying MRN may have been assigned a slightly different MHDO-Assigned MRN in historical files than is currently being assigned.

Data users are reminded that the MHDO-Assigned Medical Record Number generally cannot be used to track individuals between facilities; the same MRN may be used at different facilities to represent different individuals. Also, even within the same facility, an individual may not retain the same MRN across time; when hospitals merge or when they transition to new data systems, new MRNs may be assigned. The MHDO has no control over the MRN assignment policies within facilities.

The MHDO is developing data elements that will allow an individual to be more reliably tracked both across time within a given facility and between facilities.